



41 3765-

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Joseph Hummel

Serial No.: 08/424,223

Art unit: 3765

Filed: April 19, 1995

Examiner: Worrell JR, Larry D.

For: KNITTABLE YARN AND SAFETY APPAREL

Docket No.: 10-142C3

MAIL STOP NON FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FOR RESPONSE

1. Transmitted herewith is an amendment for approval by examiner for this application.

STATUS

2. Applicant is

 A small entity

XXX Other than a small entity

RECEIVED
JUL 13 2004
TECHNOLOGY CENTER 3700

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Laura R. Dupree

(Type or print name of person mailing paper)

Date: June 30, 2004


(Signature of person mailing paper)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below :

<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
_____ one month	\$ 110.00	\$ 55.00
_____ two months	420.00	210.00
_____ three months	930.00	465.00
_____ four months	1,450.00	725.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 0.00

OR

(b) XX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	Small Entity	Other than a Small Entity
Claims Remaining After Amendment	Highest No. Previously	Present EXTRA	Rate	Addit. Fee
TOTAL	MINUS	=	x 11=\$	x 18= \$
INDEP	MINUS	=	x 39=\$	x 78= \$
First Presentation of Multiple Dep. Claim				
		x 125=\$	x 250=\$	

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

* If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) XXX No additional fee is required

OR

(d) Total additional fee required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
_____ Charge Account no. 23-0630 in the sum of \$ _____

Fee Deficiency

6. XXX If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630.

And/Or

XXX If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 50,732

Tel. No.: (216) 241-6700

Fax No.: (216) 241-8151



Signature of Attorney

Michael A. Miller

Type or Print Name of Attorney

WATTS HOFFMANN CO., L.P.A.

P.O. Box 99839

Cleveland, Ohio 44199-0839